

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09802082</u>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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TOTAL IND.	4									
TOTAL DEP.	18									
TOTAL CLAIMS	23									
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS